

STATE OF NEW JERSEY
Department of the Treasury - Division of Pensions and Benefits
EMPLOYERS' CERTIFICATION: DEATH CLAIM

(Please see reverse side for instructions)

Retirement System (Check One): ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ ABP

1. Name of Deceased _____ 2. Membership No. _____
3. Date Employed _____ 4. Social Security Number _____
5. Last Day of Active Service _____ 6. Date of Death _____
7. Was death due to an accident in the course of employment? ☐ Yes ☐ No

8. Was member on an official leave of absence with or without pay? ☐ Yes ☐ No - If yes, you must give date granted, reason, and support documentation

☐ L/A With Pay _____ ☐ L/A Without Pay _____ ☐ Other _____
(Date) From - To (Date) From - To (Date) From - To

Reason for Leave _____

Please be certain to attach a resolution, board minutes, or statement from employer for an employee who was on a leave of absence without pay at the time of death. This claim cannot be processed unless official documentation from the employer is included with this certification.

9. Base salaries during the last 6 months of creditable service prior to date of death. For those employees paid through the State Centralized Payroll Unit, see instructions on the back.

	Month - Year	Base Salary Subject to Contributions This Month	Pension Contribution	Loan Repayment	Back Deductions	Arrears and/or Purchases	Total Deduction	Supplemental Annuity
					Amount			Amount
1.								
2.								
3.								
4.								
5.								
6.								

10. Annual salaries and effective dates of wages in last year of service (see instructions for example):

\$ _____ \$ _____ \$ _____
Salary Effective Date Salary Effective Date Salary Effective Date

11. Last Deduction Made for Retirement System: Payroll Period _____

Amount of Pension Deduction \$ _____ Salary \$ _____

12. If Contributory Insurance was in force, give payroll period from which last deduction was made (PERS and TPAF only) _____

Date

Signature of Certifying Officer

Phone Number

Employing Agency

County

THIS CLAIM CANNOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED

Department of the Treasury - Division of Pensions and Benefits

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

EMPLOYERS' CERTIFICATION: DEATH CLAIM

(Please see reverse side for instructions)

A resolution or statement from non-civil service employers; or a civil service form must be submitted, for employees on a leave of absence without pay at the time of their death.

1. Name of Deceased _____
2. Membership No. _____
(Location No.)
3. Date Employed _____
4. Social Security Number _____
5. Last Day of Active Service _____
6. Date of Death _____
7. Was member on an official leave of absence with or without pay? ☐ Yes ☐ No - If yes give date granted and reason
- ☐ L/A With Pay _____
(Date) From - To
- ☐ L/A Without Pay _____
(Date) From - To
- ☐ Other _____
(Date) Indicate Reason for Leave

Please be certain to attach resolution, statement from employer or civil service form for all employees who were on leave of absence without pay at the time of their demise.

8. Was member receiving Workers' Compensation benefits at the time of death? ☐ Yes ☐ No
9. Base salaries during the last 13 months of creditable service prior to date of death:

Month - Year	Base Salary Subject to Contributes This Quarter	Pension Contribution	Loan Repayment	Back Deductions		Arrears and/or Purchases	Total Deduction	Supplemental Annuity
				No P M T S	Amount			Amount
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								

10. Annual salaries and effective dates of wages in last year of service:
- \$ _____ Salary _____ Date _____ \$ _____ Salary _____ Date _____ \$ _____ Salary _____ Date _____
11. Last Deduction Made for Retirement System: Payroll Period _____
- Amount of Pension Deduction \$ _____ Salary \$ _____
12. If Contributory Insurance in force, give Payroll Period from which last deduction was made _____
13. Was the member ever a participant in the **New Jersey State Employees** Deferred Compensation Plan? ☐ Yes ☐ No

INSTRUCTIONS

This form must be filed in all cases where a member of a State administered retirement system dies while in active status with an employer.

It is necessary to answer all questions completely. This will avoid unnecessary correspondence and expedite the payment of the claim.

Item 8: This item must be completed in its entirety. Failure to do so will delay the processing of this claim.

Item 9: The “6 Month Period” certification should be identical to the “Quarterly Report of Contributions”.

Item 9: State agencies reporting deductions through the State Centralized Payroll Unit should send a screen print of the TREADHOC bi-weekly certification with this form in lieu of the “6 Month Period” certification on the front of this form.

Item 10: Example - Member dies January 2, 1998. During the last year of employment the member had an annual salary of \$26,000 effective September 1, 1997; \$24,000 effective May 1, 1997; and \$21,000 effective September 1, 1996. Item 10 would be completed as follows:

\$26,000	9/1/97	\$24,000	5/1/97	\$21,000	9/1/96
Salary	Effective Date	Salary	Effective Date	Salary	Effective Date